



AGENDA
CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING
COMMITTEE MEETING
WEDNESDAY, OCTOBER 30, 2024
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 PM

Committee Members:

Yvonne M. Conwell, Chair – District 7
Martin J. Sweeney, Vice Chair – District 3
Cheryl L. Stephens – District 10
Meredith M. Turner – District 9
Dale Miller – District 2

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES FROM THE OCTOBER 16, 2024 MEETING** [See Page 3]
- 5. MATTERS REFERRED TO COMMITTEE**
 - a) R2024-0387: A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2024, to extend the time period to 12/31/2025, to change the scope of services and terms, and for additional funds in the amount not-to-exceed \$1,551,000.00 effective upon signature of all parties; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 6]
- 6. PRESENTATION**
 - a) Resource Center and Housing Initiative -
Michael V. Bernot, Executive Director, West Side Catholic Center

7. MISCELLANEOUS BUSINESS

8. ADJOURNMENT

**Complimentary parking for the public is available in the attached garage at 900 Prospect. A skywalk extends from the garage to provide additional entry to the Council Chambers from the 5th floor parking level of the garage. Please see the Clerk to obtain a complimentary parking pass.*

***Council Chambers is equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.*



MINUTES

CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING COMMITTEE MEETING

WEDNESDAY, OCTOBER 16, 2024

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR

1:00 PM

1. CALL TO ORDER

Chairwoman Conwell called the meeting to order at 1:03 p.m.

2. ROLL CALL

Ms. Conwell asked Assistant Deputy Clerk Georgakopoulos to call the roll. Committee members Conwell, Sweeney, Turner and Miller were in attendance and a quorum was determined. Committee member Stephens arrived after the roll call was taken.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE SEPTEMBER 18, 2024 MEETING

A motion was made by Mr. Sweeney, seconded by Ms. Conwell and approved by unanimous vote to approve the minutes from the September 18, 2024 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2024-0355: A Resolution awarding a total sum, not to exceed \$10,000, to Friendly Inn Settlement, Inc. for infrastructure upgrades, expansion of program services, and operational support from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Ms. Yolanda Armstrong, President and Chief Executive Officer of Friendly Inn Settlement, Inc., addressed the Committee regarding Resolution No. R2024-0355. Discussion ensued.

Committee members asked questions of Ms. Armstrong pertaining to the item, which she answered accordingly.

Ms. Turner requested to add funds in the amount of \$5,000.00 from the District 9 ARPA Community Grant Fund which will be incorporated into a proposed substitute for consideration at the next Council meeting for second reading.

Mr. Sweeney requested to add funds in the amount of \$5,000.00 from the District 3 ARPA Community Grant Fund for the purpose of capital improvements.

Mr. Trevor McAleer, Legislative Budget Advisor for County Council, addressed the Committee regarding Resolution No. R2024-0355. Mr. McAleer recommended that Friendly Inn Settlement, Inc. submit a new application for ARPA funding for the purpose of capital improvements, as they were not part of the original ARPA application related to this award recommendation; and stated that the additional award of \$5,000.00 from the District 9 ARPA Community Grant Fund can proceed through a proposed substitute to the legislation at the next Council meeting. Discussion ensued.

Committee members asked questions of Mr. McAleer pertaining to the item, which he answered accordingly.

Ms. Armstrong indicated that she would submit a new application for \$5,000.00 to be used for the purpose of capital improvements.

On a motion by Ms. Conwell with a second by Ms. Turner, Resolution No. R2024-0355 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell, Ms. Stephens, Ms. Turner, Mr. Miller and Mr. Sweeney requested to have their names added as co-sponsors to the legislation.

- b) R2024-0357: A Resolution awarding a total sum, not to exceed \$10,000, to Positive Plus for the Victims of Crime Conference and Retreat from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Dr. Yvonne Pointer-McCreary, Founder, Executive Director of Positive Plus, addressed the Committee regarding Resolution No. R2024-0357. Discussion ensued.

Committee members asked questions of Dr. Pointer-McCreary pertaining to the item, which she answered accordingly.

On a motion by Ms. Stephens with a second by Mr. Miller, Resolution No. R2024-0357 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Stephens, Ms. Conwell and Mr. Miller requested to have their names added as co-sponsors to the legislation.

6. PRESENTATION

- a) Expansion of Medworks Oral Health and Dental Care in Cleveland - Britta Latz, Chief Executive Officer and Rosemary Pierce, Director of Advancement, Mobile Med1 d.b.a. Medworks

Ms. Britta Latz, Chief Executive Officer and Ms. Rosemary Pierce, Director of Advancement for Mobile Med1 d.b.a. Medworks made a presentation to the committee, which included an overview of their mission, environmental impact, Skill Building Program, local and domestic giving, free local health clinic services and the population served, Navigation Program, budget updates on the expansion of oral health and dental care services, upcoming local events and client testimonials.

Committee members asked questions of Ms. Latz and Ms. Pierce pertaining to the presentation, which they answered accordingly.

7. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

8. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 2:17 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0387

Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services	A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2024, to extend the time period to 12/31/2025, to change the scope of services and terms, and for additional funds in an amount not-to-exceed \$1,551,000.00 effective upon signature of all parties; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.
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WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2024 to extend the time period to 12/31/2025, to change the scope of services and terms, and for additional funds in an amount not-to-exceed \$1,551,000.00 effective upon signature of all parties; and

WHEREAS, the primary goal of this project is to offer timely, high quality comprehensive medical services for children and youth in custody, and drug testing for caregivers; and

WHEREAS, this project is funded 100% Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2024 to extend the time period to 12/31/2025, to change the scope of services and terms, and for

additional funds in an amount not-to-exceed \$1,551,000.00, effective upon signature of all parties.

SECTION 2. That the County Executive is authorized to execute amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: October 22, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

Title	Comprehensive Medical Amendment 3		
Department or Agency Name	Division of Children and Family Services		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2833	The MetroHealth System	1/1/2023 – 12/31/2023	\$1,551,000.00	2/28/2023	R2023-0047
A - 1	2833	The MetroHealth System	1/1/2023 – 12/31/2023	\$1,038,459.52	7/18/2023	R2023-0201
A – 2	2833	The MetroHealth System	1/1/2024 – 12/31/2024	\$1,889,151.49	11/30/2023	R2023-0333
A-3	2833	The MetroHealth System	1/1/2025 – 12/31/2025	\$1,551,000.00	Pending	pending

Service/Item Description (include quantity if applicable).
 In order to pursue the safety, health, and well-being of children in custody, DCFS offers comprehensive medical services including 1) screening and assessment of health care needs of children and youth, 2) coordinated psychotropic medication consultation and counseling, and 3) alcohol and drug testing for caregivers, youth, or other adults in the home.

Safety concerns are brought to the attention of DCFS 24/7. With approximately 2,000 children and youth in care, DCFS determined there is a need for full access to trauma-informed medical services that could appropriately address the significant challenges that children and youth are faced with when being removed from their home or placement.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)

For purchases of furniture, computers, vehicles: Additional Replacement
Age of items being replaced: _____ **How will replaced items be disposed of?** _____

Project Goals, Outcomes or Purpose (list 3):

- To reduce safety risks for children and youth
- To establish care coordination through consultation and counseling for children and youth prescribed psychotropic medications
- To provide linkages for youth aging-out of the foster care system
- To comply with referral standards for preventive and follow-up visits for physical and behavioral health care set by American Academy of Pediatrics (AAP) and Ohio Administrative Code (OAC) 5101:2-42-66.1.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The MetroHealth System 2500 MetroHealth Drive Cleveland, Ohio 44109	Dr. Christine Alexander-Rager
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>9776</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$1,551,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 21 /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Only 1 bid was submitted	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

100% Health and Human Services Levy

Is funding for this included in the approved budget? Yes No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

HS215100 55130 UCH05001

Payment Schedule: Invoiced Monthly Quarterly One-time Other (please explain):

Provide status of project.

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? No Yes (if yes, please explain)

Have payments been made? No Yes (if yes, please explain)

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

Infor/Lawson RQ# (if applicable):	9776
Buyspeed RQ# (if applicable):	N/A
Infor/Lawson PO # Code (if applicable):	AMND
CM Contract#	2833

Late Submittal Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Why is the contract being submitted late?	N/A	
What is being done to prevent this from reoccurring?	N/A	

TAC or CTO Required or Authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department Initials	Purchasing
Briefing Memo			BF	BRM
Justification Form			BF	BRM
IG#			N/A	N/A
Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i>	Date:		N/A	N/A
Debarment/Suspension Verified	Date:	09/16/2024	BF	BRM
Auditor’s Findings	Date:	09/17/2024	BF	BRM
Independent Contractor (I.C.) Form	Date:		N/A	N/A
<i>Cover - Master contracts only</i>			N/A	N/A
Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i>			BF	BRM
TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i>			N/A	N/A
Checklist Verification			BF	BRM

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law	
	Department Initials
Agreement/Contract and Exhibits	BF
Matrix Law Screen shot	BF
COI	BF
Workers’ Compensation Insurance	BF
Original Executed Contract (containing insurance terms) & all executed amendments	BF

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

Time Period	Accounting Unit	Account Number	Activity Code	Account Category or Subaccount	Dollar Amount
1/1/2025-12/31/2025	HS215100	55130	UCH05001	55130	\$1,551,000.00
			TOTAL		\$1,551,000.00

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

CE/AG# (if applicable)					
Infor/Lawson PO# and PO Code (if applicable)		RFP			
Lawson RQ# (if applicable)		9776			
CM Contract#		2833			
	Original Amount	Amendment Amount (if applicable)	Original Time Period/Amended End Date	BOC/ Resolution Approval Date	BOC/ Resolution Approval #
Original Amount	\$1,551,000.00		1/1/2023-12/31/2023	2/28/2023	R2023-0047 R2023-0049
Prior Amendment Amounts (list separately) (A-#)	A-1	\$1,038,459.52	1/1/2023-12/31/2023	7/18/2023	R2023-0201
	A-2	\$1,889,151.49	1/1/2024-12/31/2024	11/30/2023	R2023-0333
		\$			
Pending Amendment		\$1,551,000.00	1/1/2025-12/31/2025	PENDING	PENDING
Total Amendments		\$4,478,611.01			
Total Contract Amount		\$			

PURCHASING USE ONLY

Prior Resolutions:	R2023-0049, R2023-0201, R2023-0333
CM#:	2833
Vendor Name:	The MetroHealth System
Time Period:	1/1/2023-12/31/2024 EXT 12/31/2025
Amount:	\$1,551,000.00
History/CE:	OK
EL:	OK
Purchasing Notes:	
Purchasing Agents Initials and date of approval	BRM 9/19/2024

CONTRACT EVALUATION FORM

Contractor	The MetroHealth System				
Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:	2833				
RQ#	9776				
Time Period of Original Contract	1/1/2023 – 12/31/2023				
Background Statement	<p>In order to pursue the safety, health, and well-being of children in custody, DCFS offers comprehensive medical services including 1) screening and assessment of physical and behavioral health care needs of children and youth, and 2) alcohol and drug testing for caregivers, youth or other adults in the home.</p> <p>With approximately 2,300 children and youth in care, there is a need for full access to trauma-informed medical services that could appropriately address the significant challenges that children and youth are faced with when being removed from their home or placement. This cohesive and coordinated approach ensures each child’s medical needs are being met on a consistent basis, and that trained professionals are dedicated entirely to the care of these.</p>				
Service Description	<p>To offer timely, high quality comprehensive medical services for children and youth in custody and drug testing for caregivers. The services are to be delivered as a coordinated approach to ensure medical needs are being met by trained medical professionals dedicated to the care and safety of children and youth in custody.</p>				
Performance Indicators	<p>Comprehensive reports from MetroHealth include but are not limited to: Number of follow up appointments scheduled or attended per month, Number of preventative visits scheduled or attended per month, Number of comprehensive physicals, Number of children/youth being tracked through care coordination, Number of children receiving developmental/behavioral health screenings, Number of subspecialty referrals, etc.</p>				
Actual Performance versus performance indicators (include statistics):	<p>In 2023 MetroHealth completed 1586 triages; 628 post placement physicals; 3179 subspecialty referrals; 356 follow-up/preventative appointments; 4972 unique patients receiving care coordination and 161 developmental and behavioral health screenings were completed</p>				
Rating of Overall Performance of Contractor	Superior	Above Average	Average	Below Average	Poor

Select One (X)			X		
Justification of Rating	<p>MetroHealth has provided medical triages to most of our children/youth entering custody or changing placement and post placement physicals to approximately 40% of those children/youth. DCFS and MetroHealth have collaborated over the past 10 years on the Medical Home Services. The program has navigated through transitions and continues to find ways to improve communication, collaboration and overall program practice.</p>				
Department Contact	Nicole Scalish				
User Department	Supportive Services				
Date	9/16/24				